MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05647

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 230 South Locust Street

3. NAME OF DECEASED: (Type or Print) (First) Ellsworth (Middle) (Last) Borens

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Apr. 28, 1878

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR: Months 8 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Supervisor at Laundry

10b. KIND OF BUSINESS OR INDUSTRY: Troy Laundry Co.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Borens

14. MOTHER'S MAIDEN NAME: Julia Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-4867

17. INFORMANT & ADDRESS: Mrs. Ethel Shepherd, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Lymphatic Leukemia — Interval between onset and death: 6 mo

204.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10-52, to 5-26-52, that I last saw the deceased alive on 5-26-52, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-28-1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: May 28, 1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

Rec. D'Itb

RECEIVED
JUN 2 1952
BUREAU V. S.

05648

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Md.
LENGTH OF STAY (in this place): 16 Yers.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Washingn.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Charlton (Last) Bowers
4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 1952
5. SEX: Female.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Oct. 28. 1875.
9. AGE last birthday: 76. yrs. — If under 1 year: Months 7 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work.
10b. KIND OF BUSINESS OR INDUSTRY: House Wife.
11. BIRTHPLACE (State or foreign country): Penna Fulton County.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jack Charlton.
14. MOTHER'S MAIDEN NAME: Levina D Colvolt.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: None.
17. INFORMANT AND ADDRESS: John H Bowers. Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1952, to 5/28, 1952, that I last saw the deceased alive on 5/28, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: L M Shaffer (Degree or title) M D — ADDRESS: Hancock — DATE SIGNED: Md 5/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial. — DATE THEREOF: 5.31.52. — NAME OF CEMETERY OR CREMATORY: House of Jacob. — LOCATION (City, town, or county) (State): Hancock Washington Md.

DATE REC'D BY LOCAL REG.: 5/31/52 — REGISTRAR'S SIGNATURE: J. A. Miller. — 24. FUNERAL DIRECTOR: Howard J Grove — ADDRESS: Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05649

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown RD. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown RD 6
STREET ADDRESS (If rural, give location) Middleburg Pike

3. NAME OF DECEASED (Type or Print): (First) Christian (Middle) Charles (Last) Brewbaker
4. DATE OF DEATH: (Month) May (Day) 6th (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	June 21-1870	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Truck Farmer	Washington Co. Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Brewbaker	Catherine Sword

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	None	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Senile arteriosclerosis	5 Mo.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	2 Mo.
	(c) Toxemia from decubitus ulcer	4 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 5, 1951, to May 6, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David R. Hess	M.D.	Shady Grove Rd.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/9/52	Rest Haven Cemetery	Hagerstown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8, 1952	Chas. H. Bowers	Rest Haven Funeral Chapel	Hagerstown Md.

RECEIVED
MAY 12 1952
BUREAU V. S.

05650

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 715 Spruce St.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Buracker
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 24, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Thomas Buracker
14. MOTHER'S MAIDEN NAME Julia Jeannette Bosley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mother - 715 Spruce St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Premature birth	36 minutes
761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature rupture of amnion	April 30, 1952
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1952, to May 24, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 5 50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R B Rowent MD 119 E Antietam St Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF May 24, 1952
NAME OF CEMETERY OR CREMATORY Washington County Hospital
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. May 27, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS

2052242220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C 1 V. A15

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 015651

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1035 Hamilton Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1035 Hamilton Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Almeda (Last) Burgner

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7-23-1875
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 11, Days 29; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Letterkenny, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Timmons
14. MOTHER'S MAIDEN NAME: Mary Ann Gabler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs. Sam. L. Greenawalt, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Carcinoma of lung	6 months
163 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiac decompensation	2 months
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Present, 1952, to 22 My, 1952, that I last saw the deceased alive on 21 My, 1952, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] [signature] [signature] 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 5-24-1952
NAME OF CEMETERY OR CREMATORY Norland Cemetery
LOCATION (City, town, or county) (State) Chambersburg, Pa.
DATE REC'D BY LOCAL REG. May 23, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR. ADDRESS Barber Fun. Home, Chambersburg, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Vs. A-5 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

Dr. Hoaglander

Item 8 FilmG145 8/1/52 whw

Dr. LeVan

305

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~302~~

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RR # 3

LENGTH OF STAY (in this place) 40 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Roxbury

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 3

STREET ADDRESS (If rural, give location) Roxbury

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Zenas	Homer	Bussard	May	11,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Sept. 18, 1823 78	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer Owner	Farming	Williamsport, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Bussard	Catherine Beaner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no none	none	William Bussard R # 3 Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized arteriosclerosis	3 yr
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic myocarditis -	1 yr.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 11, 19 52, to May 11, 19 52, that I last saw the deceased alive on May 11, 19 52, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
H. W. LeVan M.D.	Boonsboro,	5/14/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/14/52	Broadfording Cemetery	Broadfording	Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 14 1952	John H. Bast	Andrew K. Coffman, Hagerstown, Md.

VS. A15 ■-51

RECEIVED
MAY 15 1952
BUREAU U. S.

53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 3 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fairplay

STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) M (Last) ZINK CORWELL

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: November 6, 1883

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jacob C. Corwell Fairplay, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO

4200

Antecedent cause(s) (b) Arterio sclerotic Heart Disease — 3 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1952, to 5-22, 1952, that I last saw the deceased alive on 5-22, 1952, and that death occurred at 6 p m., from the causes and on the date stated above.

SIGNATURE A. W. Ditto Jr. (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-25-52

NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. May 22, 1952

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 54

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural, Knoxville Md. | LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Knoxville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Ashby (Last) Coulter

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 52.

5. SEX: Male | **6. COLOR OR RACE:** White | **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** married | **8. DATE OF BIRTH:** Aug. 18 1864 | **9. AGE last birthday:** 87 87 yrs. | IF UNDER 1 YEAR: Months 9 Days 3 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer | **10b. KIND OF BUSINESS OR INDUSTRY:** farmer | **11. BIRTHPLACE** (State or foreign country): Washington Co, Md | **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: William Mason Coulter | **14. MOTHER'S MAIDEN NAME:** Julia Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | **16. SOCIAL SECURITY No.:** | **17. INFORMANT & ADDRESS:** Mason E. Coulter, Knoxville, R.F.D., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Carcinoma bladder	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary insufficiency and	1 week
	DUE TO (c)	General debilitation	6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 5:25 P m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William Derrick M.D. Brunswick Md 5/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF May 25 1952 | NAME OF CEMETERY OR CREMATORY Church of The Brethren | LOCATION (City, town, or county) Brownsville, Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. May 26 1952 | REGISTRAR'S SIGNATURE Cornelius H. Castle Deputy | **24. FUNERAL DIRECTOR** Jesse J. Darby, Harpers Ferry, W Va. ADDRESS

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55 10

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) Not Known

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Gilmore (Last) Cunningham

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-19-1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 0 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Sewickley, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Cunningham

14. MOTHER'S MAIDEN NAME: Edith Gilmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs. E. G. Cunningham, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	10 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 11, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE R. S. Stauffer (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md DATE SIGNED May 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-14-1952

NAME OF CEMETERY OR CREMATORY Sewickley Cemetery

LOCATION (City, town, or county) (State) Sewickley, Pa.

DATE REC'D BY LOCAL May 12, 1952

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT 8-51

RECEIVED
MAY 14 1952
BUREAU OF

56

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Condocheague Md.
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) Williamsport Md. RFd #2

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) JANE (Last) DIFFENDERFER

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. S. MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 7 1875
9. AGE last birthday 76 yrs. If under 1 year Months 5 Days 9 If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Broadfording Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Corderman
14. MOTHER'S MAIDEN NAME Sarah Pittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hagerstown RFD #1 Mr. Paul R Diffenderfer Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9 days

32 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Not known

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1952, to May 17, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 4 P.M. m., from the causes and on the date stated above. 5/19/52

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED [signature]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 20 1952
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) Western Pike Md. (State)

DATE REC'D BY LOCAL REG. May 20 1952
REGISTRAR'S SIGNATURE Leroy M. Tochler (Deputy Local)
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

RECEIVED
JUN 12 1952
BUREAU V. S.

Counter signed
S Robert Wells M.D.
5/7/52 Deputy Med Exam.
Wash. Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 718 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Unnamed child of Edith Discepoli

4. DATE OF DEATH: (Month) (Day) (Year) May 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: April 30, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Discepoli
14. MOTHER'S MAIDEN NAME: Edith Custer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Mrs. Edith Discepoli Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial damage — INTERVAL BETWEEN ONSET AND DEATH 4½ days
DUE TO
Antecedent cause(s) (b) Injury at birth
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) Hagerstown, Washington, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) May 1, 1952 M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell on head at birth

22. I hereby certify that I attended the deceased from May 1, 1952, to May 6, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 2 20 A.m., from the causes and on the date stated above.

SIGNATURE F. D. Done Jr. (DEGREE OR TITLE) M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED May 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 6, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. May 7, 1952
REGISTRAR'S SIGNATURE Chas H. Howard
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

1052353-75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 9 1952
BUREAU V. S.

658

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway (route 34)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. RFD #1; STREET ADDRESS (If rural, give location) Neck Road

3. NAME OF DECEASED (Type or Print): (First) Lelia (Middle) Grace (Last) Taylor Dodd

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12/5/08

9. AGE last birthday: 43 yrs. If under 1 year: Months 5, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Great Capon W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hixon

14. MOTHER'S MAIDEN NAME: Bessie Reeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-18-3234

17. INFORMANT: Buddie Hixon Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull hemorrhage and shock (c)

INTERVAL BETWEEN ONSET AND DEATH: 5min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Keedysville (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 10 (Year) 52 (Hour) 5:15 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile accident (passenger)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS: Hagerstown, Md. DATE SIGNED: 5-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: May 13 1952 NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: May 13 52 REGISTRAR'S SIGNATURE: [illegible] Keeting

24. FUNERAL DIRECTOR: Albert L Leaf ADDRESS: Williamsport Md.

RECEIVED
MAY 15 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03659

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg Md.
STREET ADDRESS (If rural, give location): Sharpsburg Md.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elizabeth (Last) Easterday

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 27 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months — Days 7 24 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Downsville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Snyder

14. MOTHER'S MAIDEN NAME: Martha Ella Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Lawerence D. Easterday Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive heart failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Uremia	4 days
(c)	Chronic parenchymatous nephritis	2 years.

791 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18/52, 19....., to 5/22/52, 19....., that I last saw the deceased alive on 5/17, 19 52 and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE: Walter H. Sheary Jr. (Degree or title) ADDRESS: Sharpsburg, Md. DATE SIGNED: May 24, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 25 1952
NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
LOCATION (City, town, or county) (State): Sharpsburg Md.

DATE REC'D BY LOCAL REG.: May 25, 1952
REGISTRAR'S SIGNATURE: Ethel Bowers

24. FUNERAL DIRECTOR: Edith V. Leaf — ADDRESS: Williamsport Md.

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 45 yrs.; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 840 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print): (First) Eugene; (Middle) Cornmiller; (Last) Evans

4. DATE OF DEATH: (Month) May; (Day) 9; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-15-1888

9. AGE last birthday: 64 yrs.; If under 1 year: Months 0; Days 24; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Partner in Clothing Store

10b. KIND OF BUSINESS OR INDUSTRY: Lusey & Evans

11. BIRTHPLACE (State or foreign country): Laurel, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin S. Evans

14. MOTHER'S MAIDEN NAME: Mary E. Garrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-30-9100

17. INFORMANT AND ADDRESS: Mrs. E. C. Evans, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gunshot wound through skull	About 12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (.32 Revolver)	
	(c)	

1/16X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 9, 1952 5:00 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot self through head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) Deputy Med. Exam. Wash. Co. Md. ADDRESS: Hagerstown Md. DATE SIGNED: 5-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-12-1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: May 12 1952

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, ADDRESS: Hagerstown, Maryland

Dr. Weiss.

RECEIVED
MAY 14 1952
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 225 Norway Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 225 Norway Ave.,

3. NAME OF DECEASED (Type or Print): (First) Robbie (Middle) Bolen (Last) Fanning

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 4, 1884

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Cond.

10b. KIND OF BUSINESS OR INDUSTRY: W.M. R.R.

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Fanning

14. MOTHER'S MAIDEN NAME: Fannie Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes — **(If Yes, give war or dates of service)** 1904-1911

16. SOCIAL SECURITY NO.: 57-755-484

17. INFORMANT & ADDRESS: Ella Marie Fanning Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3, 1952, to 5/4, 1952 that I last saw the deceased alive on 5/3, 1952, and that death occurred at 330 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Robt V. L. Campbell MD Hagerstown Md 5/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-7-52

NAME OF CEMETERY OR CREMATORY: Rest Haven

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: May 6 1952

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
MAY 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL — LENGTH OF STAY (in this place) 6 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILLIAMSPORT R.F.D.	STREET ADDRESS (If rural, give location) 25 SOUTH FOUNDRY ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): BENJAMIN E. FAULDERS

4. DATE OF DEATH (Month) (Day) (Year): MAY - 8. 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
MALE	WHITE	WIDOWED	OCT. 30-1878	73-6-8 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	POTOMAC EDISON CO.	MT. LENA WASH. CO. MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN FAULDERS	RACHAEL FAULDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO.		HUBERT L. FAULDERS - 25 S. FOUNDRY ST. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
163X Immediate cause	(a) Myocarditis, arteriosclerotic	years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary infarct and/or	2 wks
	(c) " carcinoma	indef

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
—	—	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from 12-3-48, 19....., to present, 19....., that I last saw the deceased alive on 5-3-52, 19....., and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert F. Keadle	M. D.	132 W. Washington St., Hagerstown, Md.	5-9-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY-10-1952	MT. LENA CEMETERY	MT. LENA WASH. CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10-52	E. Lee McElroy	WM. F. BAST AND SONS	BOONSBORO MD.

KEADLE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 14
BUREAU OF

COPY SENT TO ~~LOCAL~~ CHO REGISTRAR No. _____ DATE 5-14-74

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WAHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS 49 Randolph AVE. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) VICTORIA (Middle) ANNE (Last) GEARHART
4. DATE OF DEATH (Month) MAY 1 (Day) 1 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 1/30/47
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAM V. GEARHART
14. MOTHER'S MAIDEN NAME E. LOUISE TROXELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MR. WM. GEARHART HAGERSTOWN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Meningococcal Meningitis	15 hrs
0570 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/52, 19....., to 5/1/52, 19....., that I last saw the deceased alive on 5/1/52, 19....., and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE Robert V. Campbell MD (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 5/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/4/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) Hagerstown, (State) Md.
DATE REC'D BY LOCAL REG. May 3, 1952
REGISTRAR'S SIGNATURE Geo H Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [illegible]fully. The correct age is especially important. Physicians: please write the [illegible]uses of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1952
BUREAU V. S.

664

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 943 W. Wash. St.,

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Pearl (Last) Gibney

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-26-1886

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Amos C. Davis

14. MOTHER'S MAIDEN NAME: Sarah E. Harne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Roy A. Gibney Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5-6 years ?

443X

DUE TO

Antecedent cause(s) (b) Cerebral Hemorrhage — 2-3 weeks

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 5/11/1952 and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller MD. (DEGREE OR TITLE) ADDRESS HAGERSTOWN, MD. DATE SIGNED 5/11-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-14-52

NAME OF CEMETERY OR CREMATORY Rest Haven

LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. May 13, 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss Hagerstown ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY. 15 1952
BUREAU V. S.

Dr Robt Campbell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 28 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 N. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 421 N. Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) SCHULL (Last) HARTMAN

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 5, 1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman Retired Cement Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Edward Hartman

14. MOTHER'S MAIDEN NAME: Sarah Schull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: 213-10-6681

17. INFORMANT & ADDRESS: Hallette R. Hartman Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 3 yrs.
420.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to May 12, 19 52, that I last saw the deceased alive on May 12, 19 52, and that death occurred at 2.30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Robert V. L. Campbell M.D. Hagerstown Md 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/15/52
NAME OF CEMETERY OR CREMATORY Flohrs Cemetery
LOCATION (City, town, or county) (State) Cashtown, Adams Co. Penna.

DATE REC'D BY LOCAL REGISTRAR May 13, 1952
REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR ADDRESS
Andrew K. Coffman Hagerstown, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FUNKSTOWN
LENGTH OF STAY (in this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FUNKSTOWN
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) KATE (Last) HEBB
4. DATE OF DEATH (Month) MAY (Day) 14 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH AUG 22 1874
9. AGE last birthday 77-8-22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) LEITERSBURG WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HENRY MILLER
14. MOTHER'S MAIDEN NAME SUSAN SCHRIVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS HOWARD W. HEBB FUNKSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis — ?

(c) Post Mission syndrome — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 May, 1952, to 14 May, 1952, that I last saw the deceased alive on 13 May, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Edwin H. Fischer MD [illegible] Funkstown Md 5/10/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY-17-1952
NAME OF CEMETERY OR CREMATORY FUNKSTOWN CEMETERY
LOCATION (City, town, or county) (State) FUNKSTOWN WASH. CO. MD.

DATE REC'D BY LOCAL REG. May 16. 1952
REGISTRAR'S SIGNATURE Chas. H. Howard
24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 45 W North Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Maryland
STREET ADDRESS (If rural, give location): 45 W North Street

3. NAME OF DECEASED (Type or Print): (First) Marjorie (Middle) Ivorie (Last) Hill
4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-23-1902
9. AGE last birthday: 50 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Simpson
14. MOTHER'S MAIDEN NAME: Anna Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Max Hill 45 W North Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma - Bronchus left. — 6 mo.

162X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to May 14, 1952, that I last saw the deceased alive on May 13th, 1952, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Hagerstown Md — DATE SIGNED: 5/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5-16-1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: May 16, 1952 — REGISTRAR'S SIGNATURE: Chas H. Bowers — 24. FUNERAL DIRECTOR: John R. Watson Jr — ADDRESS: Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1009 S. Hanover St.,

3. NAME OF DECEASED (Type or Print): (First) Clarence Bruce (Middle) (Last) Holsinger

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-26-1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): watch maker

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman B. Holsinger

14. MOTHER'S MAIDEN NAME: Eliza Jane Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Carolina Holsinger Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism (second)	14 hours.
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Auricular Fibrillation of Heart	one year.
	DUE TO (c) myocardial degeneration	unknown.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 19.52, to 5/26, 19.52, that I last saw the deceased alive on 5/26, 19.52, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE: George Jennings (DEGREE OR TITLE) M.D. ADDRESS: Hagerstown, Maryland DATE SIGNED: 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-29-52 — NAME OF CEMETERY OR CREMATORY: Broadfording — LOCATION (City, town, or county) (State): Broadfording Md.

DATE REC'D BY LOCAL: May 28, 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

VS(AT) 1-51

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Dr Hirshman Reg. Dist. No. 302

1. PLACE OF DEATH: Washington COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 East Antietam St.	STREET ADDRESS (If rural, give location) 338 No. Potomac St

3. NAME OF DECEASED: (Type or Print)	(First) MAX	(Middle) SCOTT	(Last) HOOVER	4. DATE OF DEATH:	(Month) May (Day) 2 (Year) 1952 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH: May 2 1891	9. AGE last birthday: 60 yrs.	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Chief City of Hagerstown	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Joseph Hoover		14. MOTHER'S MAIDEN NAME: Laura Itnyre	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. # 1 ASN# 3107400	16. SOCIAL SECURITY No.: 214-09-8790	17. INFORMANT & ADDRESS: Ned F. Hoover Hagerstown R # 1 Cavetown Pike	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Sarcoma - Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

153X

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 17 1948	19b. MAJOR FINDINGS OF OPERATION: Myo Sarcoma - Sigmoid & Rectum	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March, 1948, to May 2nd, 1952, that I last saw the deceased alive on May 2nd, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 5-4-52	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. May 5, 1952	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5670

CERTIFICATE OF DEATH

Reg. Dist. No. 3 b 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 18-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
LENGTH OF STAY (in this place) 52 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Water St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural, give location) East. Water St.

3. NAME OF DECEASED: (Type or Print) (First) Roberta (Middle) Clara (Last) Hoover

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 16, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Altoona Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert E. Lowe

14. MOTHER'S MAIDEN NAME: Jennie Arnsbarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: George B. Hoover Smithsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: May 13 1952

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Generalized Arteriosclerosis — Interval: Long

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Fracture of Pelvis + Left wrist — 2 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Smithsburg (COUNTY) (STATE)

TIME OF INJURY (Month) May (Day) 13 (Year) 1952 (Hour) 2 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Slipped on piece of wood

22. I hereby certify that I attended the deceased from May 13, 1952, to May 15 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at ..... a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

G G Kohler M D Smithsburg 5/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 21, 1952 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) (State) Smithsburg Md.

DATE REC'D BY LOCAL REG. May 20-52 — REGISTRAR'S SIGNATURE Geo. W Ferguson

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

RECEIVED
MAY 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 618 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Silas (Middle) Melvin (Last) Hoover

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 7-23-1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: P. R. R. Co.
11. BIRTHPLACE (State or foreign country): Myersville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Denton Hoover
14. MOTHER'S MAIDEN NAME: Rebecca Babbington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 716-10-1097
17. INFORMANT & ADDRESS: William E. Hoover, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Arteriosclerotic & Hypertensive Heart Disease	2 yrs.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Diabetes Mellitus	2 yrs.
	DUE TO		
	(c)	Generalized Arteriosclerosis.	years –

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1951 to 5/23, 1952, that I last saw the deceased alive on 5/23, 1952, and that death occurred at 3 10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-26-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. May 26, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 28 19[illegible]
BUREAU V. S.

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M

998 Potomac

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manganville — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manganville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Manganville, Md	STREET ADDRESS (If rural, give location) Manganville, Md

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) M. (Last) Horst			4. DATE OF DEATH (Month) May (Day) 12 (Year) 1952		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH June 28/1888	9. AGE last birthday 63 yrs.	If under Months. 1 year Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Washington Co Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel E Horst			14. MOTHER'S MAIDEN NAME Elizabeth Martin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs Sallie Horst Manganville Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cor pulmonale c̄ myocardial insufficiency	6 months
502.1 Antecedent cause(s)	(b) Chronic Bronchitis	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Fibrous Pleuritis, left	2 years
027X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Syphilis - Tertiary (Vascular Neurosyphilis)	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1951, to 5-12, 1952, that I last saw the deceased alive on 12 May 1952, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalton M Welty	M. D.	Hagerstown	5-13-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/15/52	Reiff Church	Near Cearfoss	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 13, 1952	Chas H. Bowers	A. E. Minnich	Greencastle Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 73

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown Rt. 4

3. NAME OF DECEASED: (Type or Print) (First) Louring (Middle) (Last) Huff
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3, 1906
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Clumberland Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Willard M. Huff
14. MOTHER'S MAIDEN NAME: Olive Ponton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-12-0544
17. INFORMANT & ADDRESS: Mrs. Mabel E. Huff Hagerstown Rt. 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH 6 mos

151 X

Antecedent cause(s) DUE TO —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO —

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: May 12, 1952
19b. MAJOR FINDINGS OF OPERATION: Cancer of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 6, 1952, to May 23, 1952, that I last saw the deceased alive on May 23, 1952 and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE J. R. Dwyer MD (DEGREE OR TITLE) ADDRESS Hagerstown Md. DATE SIGNED 5/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 26, 1952 NAME OF CEMETERY OR CREMATORY Luthern Cemetery
LOCATION (City, town, or county) Leitersburg (State) Md.
DATE REC'D BY LOCAL REG. May 24, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 5 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 310 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 310 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Virginia (Last) Huyett

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-13-1885

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 6 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. School Principal

10b. KIND OF BUSINESS OR INDUSTRY: Howard St. School

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: F. Frank Huyett

14. MOTHER'S MAIDEN NAME: Clara Startzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nora Huyett, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Hypertension Cardio-Vascular Disease — Interval between onset and death: (?)

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Coronary Embolism — 1½ hours

DUE TO (c) ✓

4204

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION:** —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0 — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ✓ — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: ✓ M. — INJURY OCCURRED While at work ☐ Not while at work ☐ ✓ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 5/8, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Victor D. Miller M.D. — DR. VICTOR D. MILLER — ADDRESS HAGERSTOWN, MD. — DATE SIGNED 5/9-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5-10-1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: May 10 1952 — REGISTRAR'S SIGNATURE: Elsie H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
MAY 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Wells

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 2½ Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. State Reformatory Males

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3309 McElderry St.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) MAXIMO (Last) JARINO

4. DATE OF DEATH (Month) MAY (Day) 3 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/20/35
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newsboy & Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maxino Jarino
14. MOTHER'S MAIDEN NAME Virginia De Beow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY No. unable to locate
17. INFORMANT AND ADDRESS Records of Md. St. Reformatory Males

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation by hanging

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Roxbury (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) May 3 1952 9:00 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? [illegible] Farm

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM, WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 5/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-6-5
NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
LOCATION (City, town, or county) (State) Balto. County Md.

DATE REC'D BY LOCAL REG. May 5, 1952
REGISTRAR'S SIGNATURE John H. Bart
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md.; COUNTY: Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 221 Mill St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Patricia	Ann	Jones	May	6	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	May 1st 1952	yrs.	5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Hagerstown Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry William Jones	Jane Ezzie (illegible) Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs Grace L. Rudisill 221 Mill St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) Tracheoesophageal fistula

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

756.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 6 1952	Tracheoesophageal fistula	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		no

22. I hereby certify that I attended the deceased from May 2, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

(illegible) M.D. 135 N. Potomac St Hagerstown Md. May 9 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 7- 1952	Rest Haven Memorial Park	Hagerstown

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 1-1952	Robert Bowers	Frey Funeral Home

2(5x1-1)2

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 19 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1150 Hamilton Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 1150 Hamilton Blvd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Walter	Lynn	Keefer, Sr.	5	25	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	March 3, 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Pangborn Corp.	Penna.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis A. Keefer	Mary W. Stitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		214-09-5979	Mrs. Mary S. Keefer Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	6 mo.
DUE TO		
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterial Sclerosis	?
DUE TO		
	(c) Arterio Sclerotic Heart Disease	6 mo

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec., 19 51, to 21 May, 19 52, that I last saw the deceased alive on 21 May, 19 52, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. Edwin Strackbein M.D. Hagerstown, Md. 5/26/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-28-52	Lincoln	Chambersburg Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 28 1952	Ghosh Bowers	Fred W. Kraiss	Hagerstown, Md.

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JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place); MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Line

STREET ADDRESS (If rural, give location) State Line

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) DAVIS (Last) Mc Cleary

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4/24/1893

9. AGE: Last birthday 59 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Davis

14. MOTHER'S MAIDEN NAME: Fannie Weddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Raymond McCleary - State Line

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ATHROSCLEROTIC CARDIO-VASCULAR-RENAL DISEASE

Antecedent cause(s) (b) Toxic thyroid adenoma

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Nnt White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 43, to 5/10, 19 52, that I last saw the deceased alive on 5/10, 19 52 and that death occurred at 12:07 p.m., from the causes and on the date stated above.

SIGNATURE M D Greencastle (Degree or title) ADDRESS DATE SIGNED 5/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 5/13/52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Greencastle, Pa.

DATE REC'D BY LOCAL REGISTRAR: May 11, 1952

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. E. Minnich ADDRESS: Greencastle Penna.

VS-A15

RECEIVED
MAY 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 E. Antietam st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 220 E' Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) Bettie (Middle) Neill (Last) Myers

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: April 25, 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Help
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Shepherdstown W.Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Osbourn
14. MOTHER'S MAIDEN NAME: Wilma Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. John D. Harmon Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Emaciation - malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 1 year

203X

Antecedent cause(s) DUE TO (b) Multiple myeloma — 2½ yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) A

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Anemia secondary

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to April, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE Kevil T. Keedle (DEGREE OR TITLE) MD ADDRESS Hagerstown Md. DATE SIGNED 5-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 5, 1952
NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
LOCATION (City, town, or county) (State) Shepherdstown W. Va.

DATE REC'D BY LOCAL REG. May 4, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 2-15-51

RECEIVED
MAY 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Hoffman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) R#6 Cearfoss

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) ELLIS (Last) PLOTNER

4. DATE OF DEATH: (Month) (Day) (Year) May 12, 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 13, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mose Plotner

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI #1

16. SOCIAL SECURITY NO.: 214-09-8555

17. INFORMANT & ADDRESS: Mrs Louise Gilbert Plotner Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 14 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 19 52 to May 12, 19 52 that I last saw the deceased alive on May 12, 19 52 and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Clyde C. Hoffman, 214 N. Potomac st. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE (Month) (Day) (Year) 5/16/52

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 13, 1952

REGISTRAR'S SIGNATURE: Blair H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown, Md.

VS-A 5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302 (51)

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 32 E. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) KENNETH (Last) POWELL

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: November 7, 1924
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronic Technician
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Powell
14. MOTHER'S MAIDEN NAME: Olive M. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW#2
16. SOCIAL SECURITY No.: 216-14-6969
17. INFORMANT & ADDRESS: Elizabeth K. Powell Hagerstown, Md

ASN-258 42 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH 3½ years

201X

Antecedent cause(s) DUE TO (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to May 21, 1952, that I last saw the deceased alive on May 20, 1952 and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE L. A. Bell (DEGREE OR TITLE) M. D. ADDRESS Hagerstown Md. DATE SIGNED May 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/23/52
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Clearspring, Maryland
DATE REC'D BY LOCAL REG. May 23 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 26 1952
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPIYAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 349 WEST SIDE AVE.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) LEE (Last) RECHER

4. DATE OF DEATH (Month) MAY (Day) 27 (Year) 1952

5. SEX Male

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 3/4/1873

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OFFICE CLERK

10b. KIND OF BUSINESS OR INDUSTRY GAS UTILITY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.E.

13. FATHER'S NAME ELIAS M. RECHER

14. MOTHER'S MAIDEN NAME MARY WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS MR. JAMES RECHER DUAL HGWY. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 9 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NM

19a. DATE OF OPERATION NM

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May, 1952, to 27 May, 1952, that I last saw the deceased alive on 27 May, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE F. F. Lusby (Degree or title) MD ADDRESS 230 N Potomac DATE SIGNED 28 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/29/52

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. May 28, 1952

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

684

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 E. Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 47 E. Baltimore St.

3. NAME OF DECEASED (Type or Print) (First) Sanford (Middle) Hollis (Last) Reid
4. DATE OF DEATH (Month) May (Day) 5 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 10, 1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard
10b. KIND OF BUSINESS OR INDUSTRY Aircraft
11. BIRTHPLACE (State or foreign country) Millwood, Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Reid
14. MOTHER'S MAIDEN NAME Lucy B. Renella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY No. 214-09-0373
17. INFORMANT AND ADDRESS Allen Reid Security, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-5-52 11:50 P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Dropped dead at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 1153 N. Potomac St. Hagerstown, Md. DATE SIGNED 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 8, 1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. May 8, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIDA

RECEIVED
MAY 12 1952
BUREAU V. S.

Item 9 Filn G142 5/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 18 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 1118 Marshall

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Jacob	H.	Ridenour	5	14	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	widowed	Mar. 3, 1870	~~83~~ 82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Auto Mechanic	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alexander Ridenour	Susan Cline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Martha Ridenour Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	years.
429.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	"
	DUE TO (c) Arteriosclerotic Gangrene-left leg	1 Wk.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1949 to May 14, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 6:10 A.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 5/15/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-17-52	Rose Hill	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 16. 1952	Chas. H. Boevers	Fred W. Kraiss	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Fairground Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 103 Fairground Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) V (Last) Routzahn

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept. 24, 1898
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrican
10b. KIND OF BUSINESS OR INDUSTRY: Fairchilds
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hubert W. Routzahn
14. MOTHER'S MAIDEN NAME: Mary A. Firestone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-14-9306
17. INFORMANT & ADDRESS: Myrtle Routzahn Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr. 45 min

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 19 51, to May 30 19 52, that I last saw the deceased alive on May 30, 19 52, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS DATE SIGNED

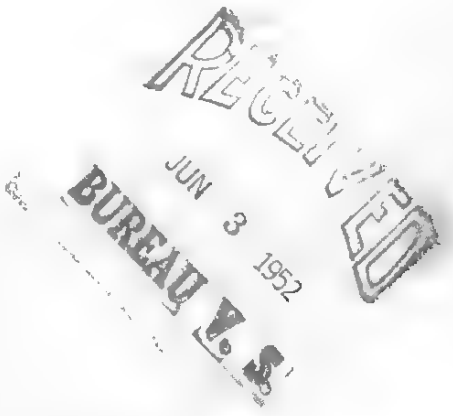
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-1-52
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. May 31, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Fred W. Kraiss Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. 115 8-51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JUN 3 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 269 South Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) (Last) Sallas

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: about 1868 Not Known

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Restaurant Cashr.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Muzake, Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Christ Sallas

14. MOTHER'S MAIDEN NAME: Anatasia --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mike Sallas, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Generalized arteriosclerosis — DUE TO — Interval Between Onset and Death: 5 yrs.

Antecedent cause(s) 450.0
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to May 22, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE J. W. LeVan (DEGREE OR TITLE) M.D. ADDRESS Boonsboro, DATE SIGNED 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-23-1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. May 23, 1952

REGISTRAR'S SIGNATURE John D. Bart

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A25—8-51

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown

LENGTH OF STAY (in this place): 2½ years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown

STREET ADDRESS (If rural, give location): Conococheague Route 40 W

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) F. (Last) Saum

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Woodworker	Moller Organ Fac.	Middletown, Va.	U S A

13. FATHER'S NAME: Hampton E. Saum

14. MOTHER'S MAIDEN NAME: Mary R. Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-8420

17. INFORMANT & ADDRESS: Fred R. Saum- Va. Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Upper Jaw. — 3 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to May 30 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 12:45 P. a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

David R. Brewer M.D. Clear Spring Md. — 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1-52	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 1st	Leroy M. Fockler. (Deputy Local)	Fred W. Kraiss	Hagerstown, Maryland.

RECEIVED
JUN 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Miller

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) ½ Hour	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.	STREET ADDRESS (If rural, give location) 101 S. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) ESTELLA (Middle) TATE (Last) SCHAEFFER

4. DATE OF DEATH: (Month) (Day) (Year) May 10, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 1, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: 214-32-4952

17. INFORMANT & ADDRESS: Mrs John Garman Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardio-Vascular Disease with Decompensation — INTERVAL BETWEEN ONSET AND DEATH ? —

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Coronary occlusion — 24 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1952, to 5/10, 1952, that I last saw the deceased alive on 5/9, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE V. Mor D Miller MD. (DEGREE OR TITLE) ADDRESS HAGERSTOWN, MD. DATE SIGNED 5/12 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/12/52 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. May 12, 1952 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

RECEIVED
MAY 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Lr Layman 05690

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...sh. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 67 West Side Ave

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) FINLEY (Last) SCHAUB

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feby 15 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer W.M.R.R. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll County Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Schaub

14. MOTHER'S MAIDEN NAME: Emily Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: 705-10-7674

17. INFORMANT & ADDRESS: Robert P. Schaub Hagerstown R #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Oedema	12 Hours
4291 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocarditis	Unknown (2 days certain)
	DUE TO (c) Coronary artery disease	Unknown (2 days certain)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Possible Strangulated inguinal hernia / Cerebrovascular accident — 2 Hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE W. J. Layman (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED May 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-5-52

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. May 5 1952

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

Vs. A13 8-51

RECEIVED
MAY 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 722 West Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 722 West Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4-4-1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 1 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cearfoss, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Cunningham
14. MOTHER'S MAIDEN NAME: Annie Cosey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Wm. W. Smith, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 months

420.1 DUE TO Hypertensive Cardio Vascular Disease — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Thrombo angiitis obliterans — 2 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to 5/10, 1952, that I last saw the deceased alive on 5/10, 1952, and that death occurred at — m., from the causes and on the date stated above.

SIGNATURE V. Wm. D. Miller MD. (DEGREE OR TITLE) ADDRESS HAGERSTOWN, MD. DATE SIGNED 5/12/1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-13-1952
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) (State) Braodfording, Maryland

DATE REC'D BY LOCAL REG. May 13, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY W shington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.V a COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro, LENGTH OF STAY (in this place) one year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg, W.Va.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farhney Memorial Home	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Susan	(Middle) Ellis	(Last) Snyder	4. DATE OF DEATH (Month) May	(Day) 12	(Year) 1952
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-3-1871	9. AGE last birthday 81 yrs.	If under 1 year Months 2 Days 9 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Berkeley CO, W.Va.	12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME Ellis Ellis		14. MOTHER'S MAIDEN NAME Anna Robbins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS George Newkirk, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9/6/52 19....., to 6/14/52 19....., that I last saw the deceased alive on 6/8/52, 19....., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE S. W. Delta (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 5-14-52	NAME OF CEMETERY OR CREMATORY Spring Mills,	LOCATION (City, town, or county) (State) Hedgesville, W.Va. R.F.D
DATE REC'D BY LOCAL REG. May 12 1952	REGISTRAR'S SIGNATURE John H. Bart	24. FUNERAL DIRECTOR Howard K. Browne	ADDRESS Martinsburg W.Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 47 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 816 MARYLAND AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	BELLE	SOWERS	MAY	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	6/27/1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	VIRGINIA	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN RICKARD	ELIZABETH ALGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	MR. BASIL SOWERS RT. #3 HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Biliary Obstruction	3 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Duodenal ulcers with scarring	indefinite
	(c)	

540.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-8-52, 19..., to 5-1-52, 19..., that I last saw the deceased alive on 4-30, 1952, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kenneth Y. Lundie	M. D.	132 W. Wash. St., Hagerstown, Md.	5-3-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/3/52	Rose Hill Cem.	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 3, 1952	Chas. H. Bowers	W. J. Mowbut Hagerstown, Md.

RECEIVED
MAY 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 36 East Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 36 East Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) SPRINGER

4. DATE OF DEATH: (Month) (Day) (Year) May 4, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 14, 1900

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: Hagerstown Shoe Co.

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Springer

14. MOTHER'S MAIDEN NAME: Mollie Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): W.W. #2

16. SOCIAL SECURITY No.: 214-09-7697

17. INFORMANT & ADDRESS: Mrs. Elizabeth P. Springer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral Hemorrhage. — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertension & arteriosclerosis. — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 hours. (b) Probably several years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1952, to May 4, 1952 that I last saw the deceased alive on Apr. 30, 1952, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE: R.A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 5-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 7, 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: May 7 1952 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown, Md

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19½ W. Washington

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 21 W. Antietam St.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Givens (Last) Stevenson
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb. 15 1875
9. AGE last birthday: 77 yrs. If under 1 year: Months 2 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Osteopathy physician
10b. KIND OF BUSINESS OR INDUSTRY: Osteopathy
11. BIRTHPLACE (State or foreign country): Keytesville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stevenson
14. MOTHER'S MAIDEN NAME: Sally Ann Cavenaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 520-49-9060
17. INFORMANT: Mrs. Sallie Hoge (Sister) Hawthorne Rally

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion — Interval between Onset and Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell over dead

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells, M.D.
DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/19/52
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: May 19. 1952
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: C. M. Suter
ADDRESS: Hagerstown, Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 21 Fenton Ave.

3. NAME OF DECEASED (Type or Print) (First) Rosalyn (Middle) Deane (Last) Teach
4. DATE OF DEATH (Month) May (Day) 9 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 9, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 4 Min. 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR IND[redacted]
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Clarence Hubert Teach
14. MOTHER'S MAIDEN NAME Helen Pearl Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mother - 21 Fenton Ave. Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Immature Delivery

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9, 1952, to 5/9, 1952 that I last saw the deceased alive on 5/9, 1952, and that death occurred at 4 35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm Stromberg M.D. ADDRESS Wash. County Hosp. Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5-10-52
NAME OF CEMETERY OR CREMATORY RIVERVIEW
LOCATION (City, town, or county) WILLIAMSPORT (State) Md.

DATE REC'D BY LOCAL REG. May 10 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Albert L. Leat ADDRESS Williamsport Md.

205 2 2 1 250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1952
BUREAU V. S.

05697

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 42 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 234 West Side Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 234 West Side Avenue

3. NAME OF DECEASED: (Type or Print) (First) Earnest (Middle) Powell (Last) Weaver

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Apr. 18, 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Club Steward

10b. KIND OF BUSINESS OR INDUSTRY: B. P. O. Elks

11. BIRTHPLACE (State or foreign country): Faquier County, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Weaver

14. MOTHER'S MAIDEN NAME: Roberta Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-14-7257

17. INFORMANT & ADDRESS: Mrs. Helen Horn, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute pulmonary oedema	24 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive cardiovascular disease (intermittent)	2 years
	DUE TO (c)	Coronary artery disease	6 mo.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 5 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE W. J. Layman, M.D. (DEGREE OR TITLE) ADDRESS 5 Public Square Hagerstown, Md DATE SIGNED May 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-29-1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. May 29, 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Dr. Wm. Layman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05698

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 809 Dewey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Michigan COUNTY Wayne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Detroit -19
STREET ADDRESS (If rural, give location) 18670 Denby Ave.

3. NAME OF DECEASED: (Type or Print) (First) ARLO (Middle) JOHN (Last) WIXSON

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 13, 1888

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crib Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Masons, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wixson

14. MOTHER'S MAIDEN NAME: Josephine Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: 579-14-0479

17. INFORMANT & ADDRESS: Mrs Martha Wixson, Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Carcinoma of stomach — Unknown

DUE TO

(c)

15 IX

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1952, to 5-6, 1952, that I last saw the deceased alive on 5-5, 1952, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Richard T. Bunford M.D. Hagerstown, Md. 5-6-52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF 5/8/52 — NAME OF CEMETERY OR CREMATORY Oakland Hills Cemetery — LOCATION (City, town, or county) (State) Detroit, Wayne Co. Mich.

DATE RECD BY LOCAL REGISTRAR May 6 1952 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown, Md.

VS. A15 8-51

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RECEIVED
MAY 8 1952
BUREAU V. S.